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APPLICANTS

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** CONTINUING DATA *****

Ch This appln claims benefit of 60/260,080 01/06/2001

** FOREIGN APPLICATIONS *****

none / Ch

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.

** SMALL ENTITY **

** 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 62	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Shay</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Gene for identifying individuals with familial dysautonomia

FILING FEE RECEIVED 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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